

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020508

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

156  
FILED JUN 5 1963

2001

281

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		c. CITY OR TOWN Rural	
Length of stay in lb 1 week		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If outside, give location) Rt. # 1 Webb City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Alva Middle Blaine Last Meek		Month May Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-10-1884
9. AGE (last birthday) 79		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor Mo. Pacific R.R.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Conesville, Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Hebron Meek		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
no		16. SOCIAL SECURITY NO.	
17. INFORMANT Wm. H. Meek, Rt. # 1 Webb City, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per item for each part) -PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from Ruptured Aorta		INTERVAL BETWEEN ONSET AND DEATH 24 Hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Buerger's Disease	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 1959 to May 1963 and last saw him alive on 5/28/63		Death occurred at 1:30P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) G. M. Ferguson M.D.		22b. ADDRESS Webb City, Mo.	
22c. DATE SIGNED 5-29-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5-31-63		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
23d. LOCATION (City, town, or county) (State) Webb City, Mo.		24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo.	
25. DATE RECD. BY LOCAL REG. 6-3-1963		26. REGISTRAR'S SIGNATURE Dorci Merriam	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 6 1963

SEP 24 1963

JUL 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address

*W. H. City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.